B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Maurice Arthur Noll, Toni Elizabeth Noll	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
·	Debtor(s)	☐ The presumption arises
Case	Number:	☑ The presumption does not arise
	(If known)	☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	☐ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and
	☐ I remain on active duty /or/☐ I was released from active duty on, which is less than 540 days before this
	bankruptcy case was filed;
	OR b. I am performing homeland defense activity for a period of at least 90 days /or/
	I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.
	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	 Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. 						
	c. Married, not filing jointly, without the d	3-11.					
	d. Married, filing jointly. Complete both Lines 3-11.	Income") and Column B	("Spouse's Inc	ome") for			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.				Column B Spouse's Income		
3	Gross wages, salary, tips, bonuses, overtim	ne, commissions.		\$3,134.34	\$1,269.80		
4	Income from the operation of a business, proceeding than one business, profession or farm, enter agattachment. Do not enter a number less than accepted on Line b as a deduction	te column(s) of Line 4. ggregate numbers and pero. Do not include a n	If you operate more provide details on an				
	a. Gross Receipts		0.00				
	Ordinary and necessary business expenses Business income		0.00 ubtract Line b from Line a	¢ 0 00	* 0.00		
		<u> </u>		\$0.00	\$0.00		
5	Rent and other real property income. Subtrathe appropriate column(s) of Line 5. Do not enany part of the operating expenses entered	iter a number less tha on Line b as a deduct	n zero. Do not include tion in Part V.				
J	a. Gross Receiptsb. Ordinary and necessary operating expenses		0.00				
	C. Rent and other real property income		ubtract Line b from Line a	\$0.00	\$0.00		
6	Interest, dividends, and royalties.			\$0.00	\$0.00		
7	Pension and retirement income.			\$0.00	\$0.00		
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.						
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$	\$	\$		
10	Income from all other sources. Specify sources on a separate page. Do not include a paid by your spouse if Column B is con alimony or separate maintenance. Do not in Security Act or payments received as a victim victim of international or domestic terrorism.	Ilimony or separate m inpleted, but include include any benefits re	all other payments of eceived under the Social				

	a. \$ Total and enter on Line 10.	\$0.00	\$0.00		
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s).	\$3,134.34	\$1,269.80		
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.				
Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.				
14	Applicable median family income. Enter the median family income for the applicable state and house information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	ehold size. (This			
	a. Enter debtor's state of residence: WAb. Enter debtor's household size: _4				
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.				
15	☑ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.				
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)					
16	Enter the amount from Line 12.	\$				
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a.					
	Total and enter on Line 17.	\$				
18 Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.						
	Part V. CALCULATION OF DEDUCTIONS FROM INCOME					
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)					
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$				

19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Outof-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Outof-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Persons under 65 years of a	ge Per	sons 65 years of age or older			
	a1. Allowance per person	a2.	Allowance per person			
	b1. Number of persons	b2.	Number of persons			
	c1. Subtotal	c2.	Subtotal		\$	
20A	and Utilities Standards; non-mo available at www.usdoj.gov/ust/	rtgage expenses for the app or from the clerk of the ban tly be allowed as exemption	expenses. Enter the amount of to blicable county and family size. (alkruptcy court). The applicable fames on your federal income tax re-	This information is amily size consists	\$	
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. [a. IRS Housing and Utilities Standards; mortgage/rental] [S]					
		t for any debts secured by hom				
	any, as stated in Line 42. c. Net mortgage/rental expe	nse	Subtract Line b from Line a		\$	
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and					
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					

23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more the two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$]		
	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a		\$	
24	Local Standards: transportation ownership/lease expense the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" fro (available at www.usdoj.gov/ust/ or from the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 2 Line a and enter the result in Line 24. Do not enter an amount	om the IRS Local Standards: uptcy court); enter in Line b tl 2, as stated in Line 42; subtra	Transportation he total of the		
	a. IRS Transportation Standards, Ownership Costs	\$]		
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a		\$	
25	Other Necessary Expenses: taxes. Enter the total average refederal, state and local taxes, other than real estate and sales taxes, social security taxes, and Medicare taxes. Do not include	taxes, such as income taxes	s, self employment	\$	
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.				
27	Other Necessary Expenses: life insurance. Enter total average pay for term life insurance for yourself. Do not include premiu whole life or for any other form of insurance.			\$	
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.				
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.				
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously				
33	deducted. Total Expenses Allowed under IRS Standards. Enter the total	of Lines 19, through 32		\$	
	Subpart B: Additional Living	-		* 	
	Caspait S. Adamondi Elving				

	Note: Do not include any expenses that you have listed in Lines 19-32					
	Health		pility Insurance, and Health Sa	-		
	expens	ses in the categorie	es set out in lines a-c below that			
	or you	r dependents.				
34	a.	Health Insurance		\$		
	b.	Disability Insura		\$		
	C.	Health Savings	Account	\$		
						\$
	Total a	and enter on Line 3	4			Ψ
			cpend this total amount, state	your actual total avera	age monthly expenditures in	
		ace below:				
	\$					
	Contir	nued contribution	s to the care of household or	family members. Ent	er the total average actual	
35			ou will continue to pay for the re			¢
		r, chronically ill, or o to pay for such ex	disabled member of your house	hold or member of you	ir immediate family who is	T C
			•		and the state of t	
36			ly violence. Enter the total ave naintain the safety of your family			l _{\$}
			olicable federal law. The nature			ľ
	by the	court.				
			ter the total average monthly an			
37			sing and Utilities, that you actua ee with documentation of you			\$
			unt claimed is reasonable and		nd you must demonstrate	
			r dependent children less tha		verage monthly expenses that	
			exceed \$147.92* per child, for a			
38	second	dary school by you	r dependent children less than	18 years of age. You r	nust provide your case	
	trustee with documentation of your actual expenses, and you must explain why the amount claimed is					
	reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the total average monthly amount by which your food and					
			d the combined allowances for t			
39			o exceed 5% of those combined			
			om the clerk of the bankruptcy c onable and necessary.	ourt.) You must demo	onstrate that the additional	\$
	anioui	in Ciaimeu is reas	Onable and necessary.			Ψ
40					contribute in the form of cash or	
40	financia	al instruments to a ch	aritable organization as defined in	26 U.S.C. § 170(c)(1)-(2)		\$
41	Total A	Additional Expens	se Deductions under § 707(b)	. Enter the total of Line	es 34 through 40.	\$
			Subpart C: Deduc	tions for Debt Paym	ent	
	Future	e payments on se	cured claims. For each of your	debts that is secured	by an interest in property that	1
	you ov	vn, list the name of	the creditor, identify the proper	ty securing the debt, s	tate the Average Monthly	
			ether the payment includes taxe			
			duled as contractually due to ea			
42	filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
	l -	Name of	Dron onto Constitute the D. L.	Average	Does payment	ı İ
Creditor Monthly include taxes Payment or insurance?						
	a.			\$	u yes u no	
	Total: Add Lines a. b and c \$					\$

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount Total: Add Lines a, b and c				
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.				
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b				
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.				
	Subpart D: Total Deductions from Income				
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.				

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION				
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$			
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$			
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result	\$			
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$			
52	Initial presumption determination. Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than \$7,025* Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. ☐ The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. ☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt	\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$			
55	 Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not are of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presum the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VIII. 				

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

	Part VII. ADDITIONAL EXPENSE CLAIMS						
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the hear and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						thly
	Ī		Expense Description	n		Monthly Amount]
				Total: Add Lines	a, b, and c	\$	<u></u>
			Part ^v	VIII: VERIFI	CATION		
			clare under penalty of perjury that the informat debtors must sign.)	ion provided in	this stateme	ent is true and correct. (If this a joint	case,
57			Date: 11/30/2012	Signature:	s/ Maurice	Arthur Noll thur Noll, (Debtor)	
					Widulice Al	tildi Noli, (Debtor)	
			Date: 11/30/2012	Signature:			
					I ONI Elizabe	eth Noll, (Joint Debtor, if any)	